A.

PAGE 7/7 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HEALTH MANAGEMENT ASSOCIATES INC FED PAC LLC Full Name (Last, First, Middle Initial) Date of Receipt Rodney Kennedy Mailing Address 104 Westminster Drive 03 23 2008 City State Zip Code Transaction ID: SA11AI.4110 Rainbow City 35906 Αl Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Health Management Associa-Occupation Director of Construction & Engineering tes Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Burke W. Whitman Date of Receipt Mailing Address 1790 Gordon Drive 0 3 19 2008 City State Zip Code Transaction ID: SA11AI.4102 **Naples** FL 34102 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Health Management Associa-Occupation CEO & President Receipt For: Aggregate Year-to-Date Primary General

SUBTOTAL of Receipts This Page (optional)	•	5500.00
TOTAL This Period (last page this line number only)	•	14000.00

5000.00

Other (specify)